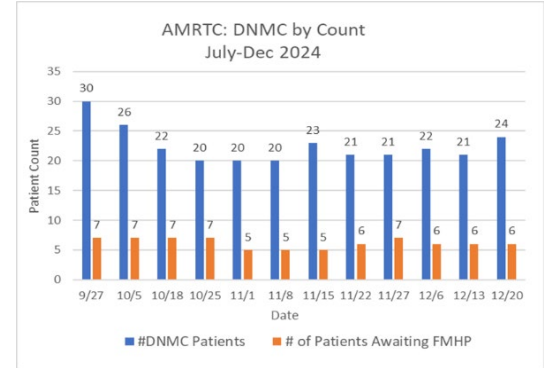
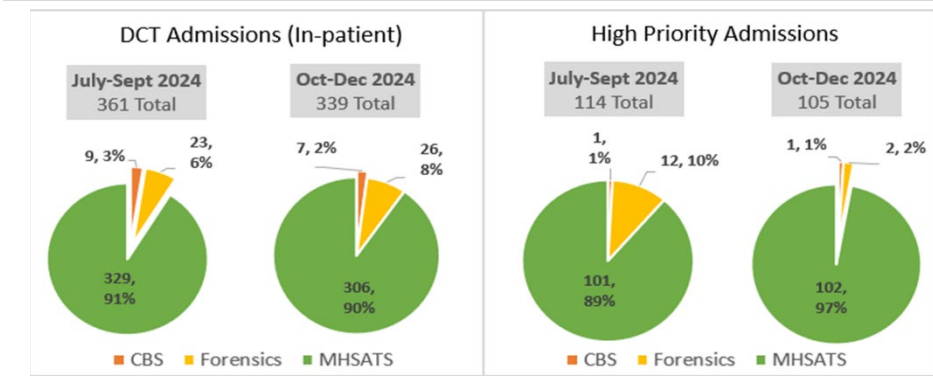
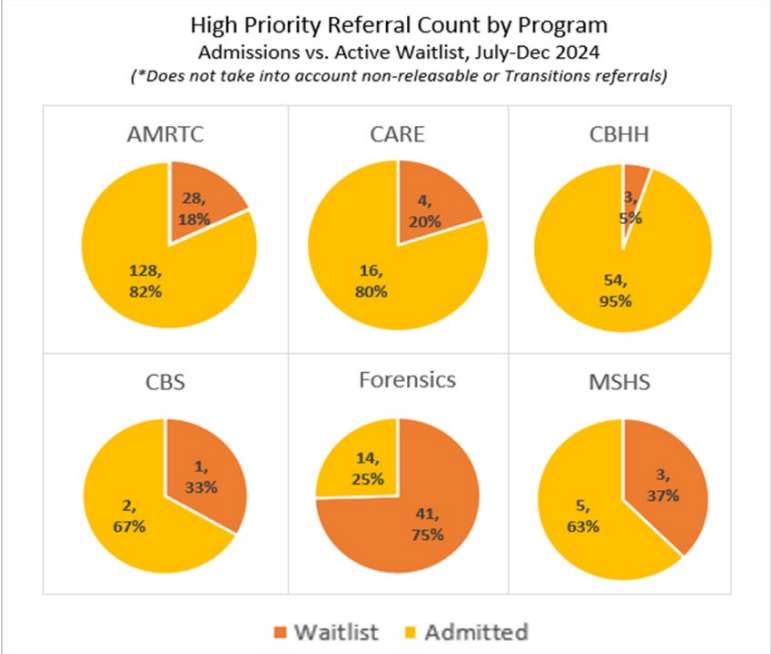
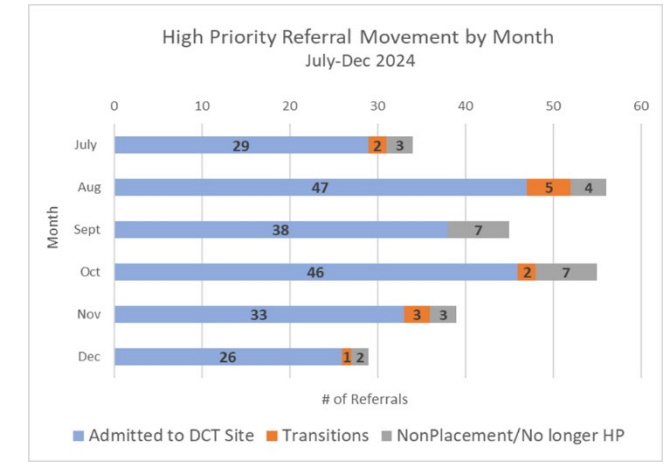
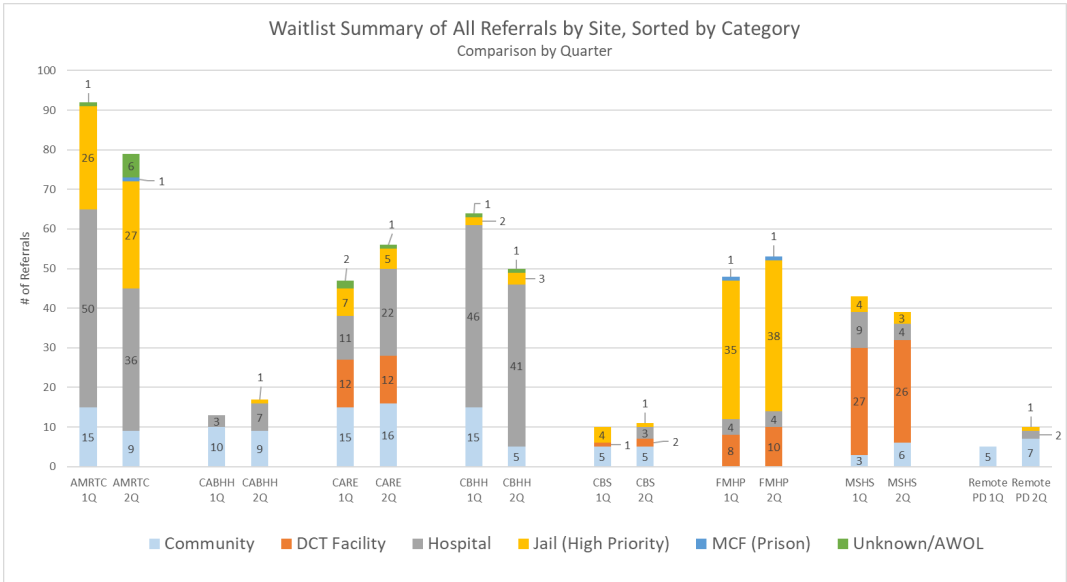
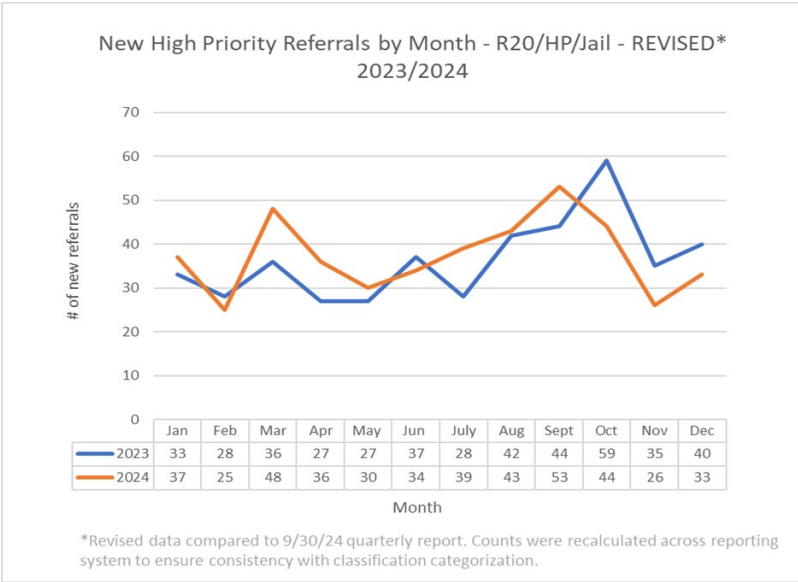


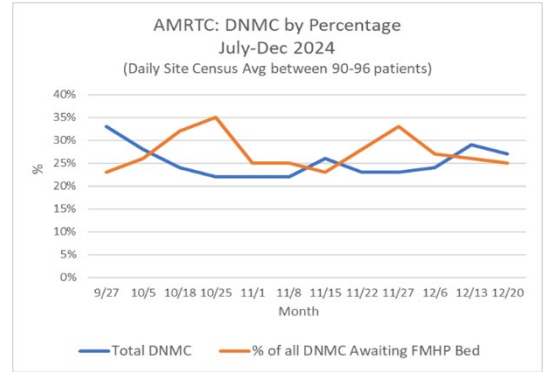
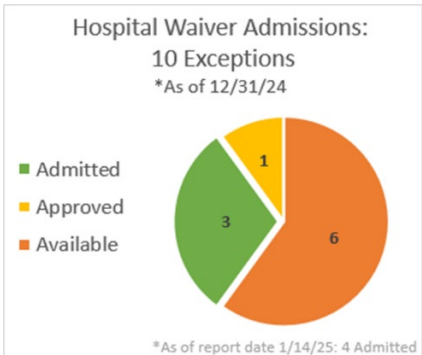
DCT Priority Admissions Framework – Quarterly Data Dashboard

10/1/24 – 12/31/24



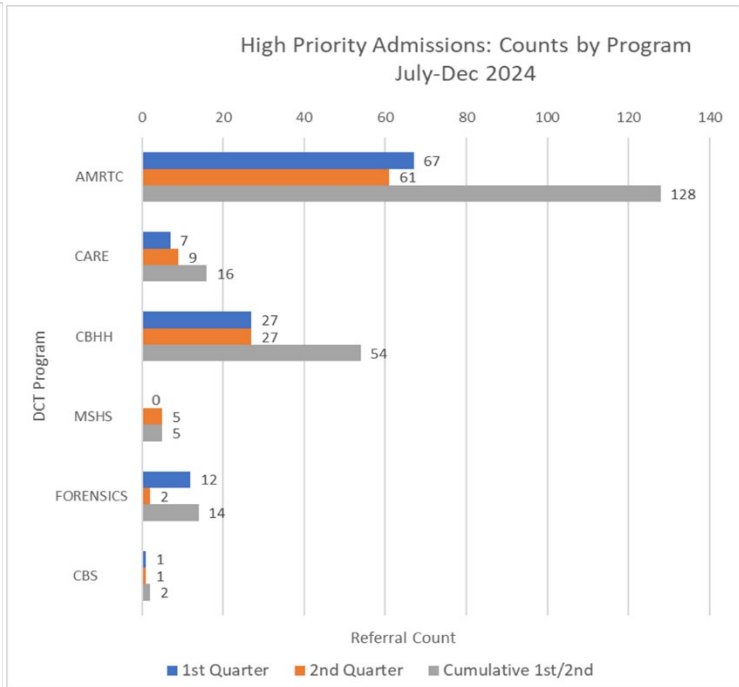
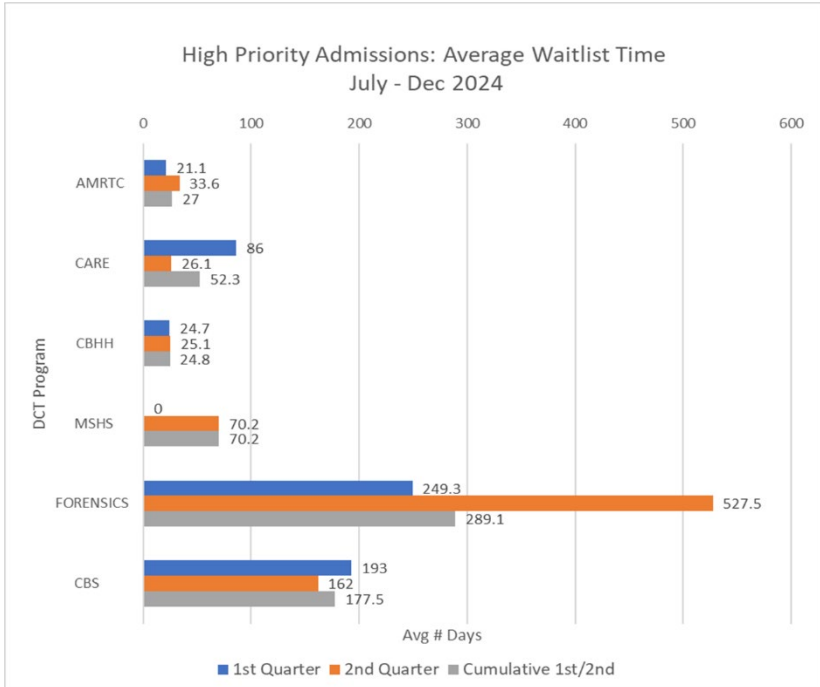
High Priority Referral Active Waitlist

| Releasable Referrals | 1st Qtr Snapshot 9/30/24 | | | 2nd Qtr Snapshot 12/31/24 | | |
|--------------------------------|--------------------------|--------------|--------------|---------------------------|--------------|--------------|
| | Count | Avg (days) | Range (days) | Count | Avg (days) | Range (days) |
| MHSATS | 31 | 22.5 | 4-87 | 39 (↑) | 34.8 | 1-202 |
| Forensics | 38 | 218.8 | 35-607 | 41 (↑) | 250 | 4-648 |
| CBS | 3 | 150.3 | 110-209 | 1 (↓) | 36 | - |
| Qtr Total | 72 | 131.4 | 4-607 | 81 (↑) | 143.8 | 1-648 |
| Non-Releaseable or Transitions | 10 | 167.5 | 10-878 | 6 (↓) | 187.2 | 27-699 |



DCT Priority Admissions Framework – Quarterly Data Dashboard

10/1/24 –12/31/24



Key Points:

Comparing 1st and 2nd quarter:

- DCT general in-patient admissions decreased (361 -> 339).
- Slight decrease in high priority admissions (114 -> 105).

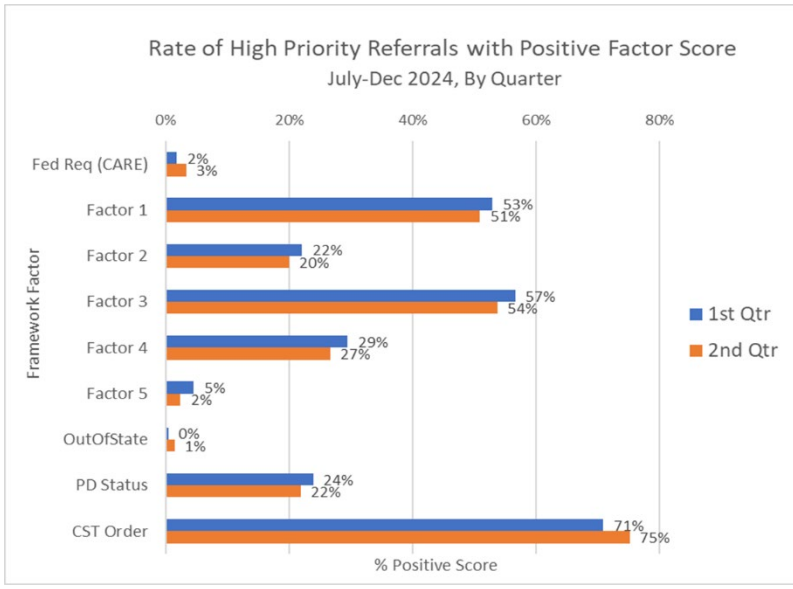
- In 2nd quarter, the shortest wait time for an admit was 3 days (Jail admit to CBHH).
- In 2nd quarter, the longest wait time for an admit was 536 days (Hospital admit to Forensics).
- The longest wait time for a patient still on waitlist as of Dec 31, 2024 was 648 days (complex diversion awaiting community placement).
- At the end of the year, there were 81 high priority releasable referrals on the active waitlist.

Note: under 253B.10 subd. 1(b)(1) DCT calculates waitlist times based on the time a person has a commitment order that was received by Central Pre-Admissions for a referral to a DCT program. In some cases, this may include times when the person was on a waitlist but not in jail, such as the time a person with an MID commitment spent at AMRTC before being returned to jail; or the time a committed person spent in the community prior to going to jail.

ACRONYMS:

AMRTC – Anoka Metro Regional Treatment Center
 CABHH – Child & Adolescent Behavioral Health Hospital
 CARE – Community Addiction Recovery Enterprise
 CBHH – Community Behavioral Health Hospital
 CBS – Community Based Services
 DNMC - Does Not Meet Criteria
 FMHP – Forensic Mental Health Program

MHSATS - Mental Health & Substance Abuse Treatment Services
 MSHS – MN Specialty Health System
 HP – High Priority (admission)
 NR – Not releasable (from jail)
 PD - Provisional Discharge
 CST -Competency to Stand Trial



UPDATED FRAMEWORK FACTOR KEY (As of Jan. 1 2025)

| Weighted Factors | | MHSATS | Forensics | CBS | Scoring |
|------------------|---|--------|-----------|-----|---|
| Factor 1 | Intensity of treatment needed due to clinical acuity | 45% | 5% | 10% | 0 = Stable, low acuity, or responsive to current treatment |
| | | | | | 1 = Urgent, high acuity, or unresponsive to current treatment |
| Factor 2 | Current concerns for safety of the individual and/or others in the proximal environment | 25% | 20% | 20% | 0 = No risk or a adequately mitigated/managed risk |
| | | | | | 1 = Imminent risk either unmanaged or ongoing risk present despite mitigation efforts |
| Factor 3 | Access to/or lack thereof to essential or court ordered treatment in a non-DCT environment | 20% | 30% | 30% | 0 = Appropriate treatment available and a adequate |
| | | | | | 1 = Appropriate treatment unavailable or insufficient |
| Factor 4 | Other negative impacts to the referring facility, such as the number of beds unavailable because of caring for the referred individual. | 10% | 10% | 30% | 0 = Standard resources utilized |
| | | | | | 1 = Extraordinary resource allocation needed, or negative impacts are present |
| Factor 5 | NGMI Finding | 0% | 35% | 10% | 0 = No |
| | | | | | 1 = Yes |